

CHINA SPRING
YOUTH CAMP



AURORA PINES

Admission Packet

TO BE COMPLETED BY
PROBATION OFFICERS

Updated June 2011

CHINA SPRING YOUTH CAMP/AURORA PINES GIRLS FACILITY COMMITMENT CRITERIA

The following procedure is recommended for the commitment of delinquent youth to the China Spring/Aurora Pines Program. The following procedure will allow for the sending County to maintain jurisdiction of the child upon his/her release from the Camp and her return to the community.

- Child to be adjudicated a delinquent child within the purview of Chapter 62 of the Nevada Revised Statutes;
- Child to be committed to the care and custody and control of the Superintendent of the Caliente Youth Center;
- The commitment be suspended and the child placed on probation with the condition she successfully complete the Camp.

Youth under the following categories will NOT be considered for placement at the Camp:

- Diagnosis of psychotic, neurotic, mentally retarded/handicapped, or severely emotionally disturbed; (The Camp does not have the staff or training to care for youth with these types of behavior and psychological disorders);
- Any indication, through psychological testing or conviction of pyromania or arson;
- History or diagnosis of suicidal ideation;
- History of assault, violent behavior or use of a weapon during the commission of a crime;
- History of cruelty to animals;
- Youth with a sophisticated delinquent background, previously committed to other institutions. These youth have been found to have great difficulty with the openness of the Camp and are detrimental to the program as a whole;
- Existing communicable disease considered a threat to other residents;
- Existing medical condition(s) which would limit or prevent participation in physical activities or wilderness programs;
- Chemical dependency requiring medical treatment;
- Youth with learning disabilities which require extraordinary educational program;
- Youth whose families are hostile to the Court or law enforcement;
- Youth whose families reinforce delinquent behavior;
(China Spring/Aurora Pines emphasizes family reintegration of the youth. We accomplish this through weekend home visits and holiday leaves. If such family contact would not serve the rehabilitative process, the youth should not be recommended for the facility).

ADMISSIONS CRITERIA PACKAGE CHECKLIST

The following required case material must be submitted to the facility 48 hours prior to arrival.

Please initial each included item:

<input type="checkbox"/>	1	Court Commitment Order (must be faxed or mailed prior to arrival date)
<input type="checkbox"/>	2	Juvenile Placement Questionnaire (must be faxed or mailed prior to arrival date as soon as possible)
<input type="checkbox"/>	3	Current Physical Report and Medical History (current, within last 6 months, use attached form, include TB test)
<input type="checkbox"/>	4	Parental Waiver/Release Package, which includes:
Form A	<input type="checkbox"/>	HIPAA, parent packet p. 11
Form B	<input type="checkbox"/>	Authorization for Release of Information (witnessed and notarized), parent packet p. 12
Form C	<input type="checkbox"/>	Authorization for Emergency Medical Treatment (witnessed and/or signed by Probation Office), parent packet p. 13
Form D	<input type="checkbox"/>	Copy of Medical Insurance Cards, Dental Insurance Cards, Prescription Insurance Cards (front and back), insert in place of parent package p.14
Form E	<input type="checkbox"/>	Medical Insurance Form (If insured use parent packet p. 15, Form E Insured) (If NOT insured use parent packet p. 16, Form E Uninsured)
Forms F-H	<input type="checkbox"/>	Wilderness Program/Organized Sports/Athletic Activities Release, parent packet p. 17-19 (Forms F-H)
Form I	<input type="checkbox"/>	Commitment Face Sheet, parent packet p. 20
<input type="checkbox"/>	5	Mandatory Clothing List Items
<input type="checkbox"/>	9	Any mental health evaluations
<input type="checkbox"/>	10	30 day supply of all prescription medications

Juvenile Placement Questionnaire

(To be filled out by Probation Officer)

Juvenile's Name: _____

Age: _____

Juvenile's Probation Officer: _____ Phone Number: _____ County: _____

Commitment Order Signed ☐ No ☐ Yes Date Signed: _____

1. Is the juvenile currently in detention? ☐ No ☐ Yes Where? _____ How Long? _____

2. After Commitment? Formal Probation: ☐ No ☐ Yes Youth Parole: ☐ No ☐ Yes

Foster placement: ☐ No ☐ Yes

3. Is the juvenile currently in custody of a County Social Service Agency? ☐ No ☐ Yes

4. Please list the juvenile's prior juvenile offenses:

a. Status Offense ☐ No ☐ Yes How Many? _____ List: _____

b. Runaway ☐ No ☐ Yes How Many? _____

c. Substance/Alcohol Abuse ☐ No ☐ Yes How Many? _____

d. Crimes against persons ☐ No ☐ Yes How Many? _____ List: _____

e. Crimes against property ☐ No ☐ Yes How many? _____ List: _____

f. Committing offenses (please be specific): _____

5. Has the juvenile been involved in gangs?

☐ Yes Please indicate the degree of involvement: ☐ Major ☐ Moderate ☐ Minor

☐ No List gang affiliation here: _____

6. Whom does the juvenile live with currently?

☐ Biological Mother & Father

☐ Single Parent

☐ Mother

☐ Father

☐ Blended

☐ Mother/Stepfather

☐ Father/Stepmother

☐ Other

☐ Foster Parents

☐ Adoptive/Guardian

☐ Grandparent(s)

7. How do the juvenile's parents view the placement?

☐ Supportive

☐ Fair

☐ Hostile

☐ Uninvolved

8. Has the juvenile seen a physician in the last 12 months for something other than a physical?

☐ No

☐ Yes (Please explain): _____

9. Does the juvenile have any health problems (i.e. asthma, diabetes, hernia, etc.)?

☐ No

☐ Yes (Please explain): _____

Juvenile Placement Questionnaire *(continued)*

10. Please list any prescription medications the juvenile has taken in the last 12 months:

1. _____
2. _____
3. _____
4. _____
5. _____

11. Has the juvenile seen a psychologist/psychiatrist in the last 12 months?

- ☐ No
- ☐ Yes (Please explain): _____

12. Was a DSM diagnosis done on this individual in the last 12 months?

- ☐ No
- ☐ Yes (Results): _____

13. Has the juvenile ever been diagnosed?

- | | | | | |
|----------|-----------------------------|------------------------------|-------------|--|
| ADD/ADHD | <input type="checkbox"/> No | <input type="checkbox"/> Yes | When? _____ | Medication currently taken: _____ |
| Bipolar | <input type="checkbox"/> No | <input type="checkbox"/> Yes | When? _____ | Medication currently taken: _____ |
| Suicidal | <input type="checkbox"/> No | <input type="checkbox"/> Yes | When? _____ | Committed/MHE complete? <input type="checkbox"/> No <input type="checkbox"/> Yes |

14. Is there a history of cruelty to animals?

- ☐ No ☐ Yes

15. What was the last grade the juvenile completed?

- ☐ 12th ☐ 11th ☐ 10th ☐ 9th ☐ 8th ☐ 7th Name of school last attended: _____

16. Was the juvenile in a special education class prior to commitment (IEP)?

- ☐ No ☐ Yes

Note: Please return this document (email or fax) within 24 hours of contacting the camp to ensure juveniles name is placed on commitment list.

This information is critical to the placement and pending treatment of this juvenile in the China Spring/Aurora Pines program. Any misrepresentation or willful omission on the part of the officer providing this information may be cause for a delay in the juvenile's acceptance.

Name of Preparer: _____

Date Signed: _____

PHYSICAL EXAMINATION

Name:		Date		Age	
Allergies			General Appearance	<input type="checkbox"/> Healthy <input type="checkbox"/> Unhealthy	
Height		Weight		Blood pressure	
				Pulse	
				Res	

MEDICATIONS	DOSEAGES	REASON

		Observation				Observation	
		Abnormal	Normal			Abnormal	Normal
1	Head, Face, Scalp			12	Rectal		
2	Skin: lesions, ulcers, tracks, Jaundice, lacerations			13	Vagina/Testicles		
3	Eyes: conjunctiva, sclera			14	Abdomen		
4	Ears: canals, drums, hearing			15	Liver: size, tenderness, edge		
5	Nose			16	Spleen		
6	Mouth: Teeth, throat			17	Groin: nodes, lesions, hernias		
7	Neck: lymph nodes, masses			18	Back: pain, range of motion		
8	Chest Walls			19	Extremities: clubbing, deformities		
9	Chest Walls/Breasts			20	Flanks		
10	Lungs			21	Joints: deformity, range of motion		
11	Heart: Rhythm, Murmurs			22	Neurological: reflexes, gait, gross touch, oriented, speech		

HEALTH MAINTENANCE (enter date, or ✓ if done today)

Immunizations	DPT/Td	Flu	Polio	Hep.B		MMR
Lab	U/A	HIV	PPD/tine	RPR/VDRL	HB/Hep Comp	
	Gen/Probe	Pap	Other			

OTHER RECOMMENDATIONS/REFERRALS

Follow- up		Next physical	
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Note: This form will be used as intake criteria for consideration of acceptance into our program. Youth must possess the physical capabilities necessary to participate in our physical training program (running, weight training, yoga, sports, etc.) and Wilderness Program (fishing, hiking, ropes, camping, and rafting).

I certify this youth has no physical/medical problems which would present a hazard to either self or others of the China Spring Youth Camp/Aurora Pines Girls Facility.

Date

Signature of Examiner

Please print full name

Phone Number